

Placer County Health and Human Services
Division of Environmental Health

Auburn Office
3091 County Center Dr. #180,
Auburn CA 95603
(530) 745-2300
Fax (530) 745-2370
www.placer.ca.gov



Tahoe Office
565 West Lake Blvd.
PO Box 1909
Tahoe City CA 96145
(530) 581-6240
Fax (530) 581-6242

VERIFICATION OF COMMISSARY

*Submit original. Copies are **not** accepted.*

OWNER/OPERATOR INFORMATION

(If applicable)

Name: _____
Address: _____
City / State / Zip: _____
Phone: _____

VEHICLE INFORMATION

(If applicable)

Business Name on Vehicle: _____
Business Address: _____
City / State / Zip: _____
Business Phone: _____
Vehicle License Plate #: _____

COMMISSARY INFORMATION

Commissary Name: _____
Commissary Owner: _____
Commissary Address: _____
City / State / Zip: _____
Commissary Phone: _____
Type of Facility: _____

Attach a copy of the Current Food Establishment Permit.

Signature of Commissary Owner: _____ **Date:** _____

The above mentioned vehicle shall operate out of an approved commissary and shall report to the commissary at least once each operating day for cleaning and servicing.
If the use of the commissary is discontinued the permit-holder must notify the Environmental Health Division at (530) 745-2300 to make the necessary changes. I agree to operate as stated above.

Signature of Permit Applicant: _____ **Date:** _____